

Application Fee_____

Date Paid_____

Registration No._____

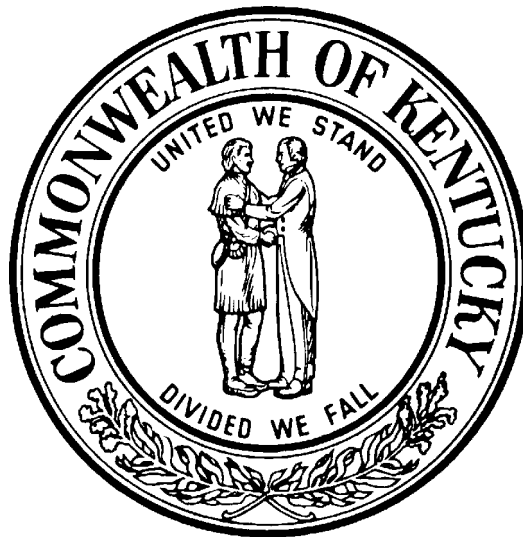
Registration Date_____

Private Lab_____

Commercial Lab_____

For office use only

DENTAL LAB REGISTRATION APPLICATION



**KENTUCKY BOARD OF DENTISTRY
312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE, KENTUCKY 40222
(502) 429-7280 Fax (502) 429-7282**

ALL DENTAL LABORATORIES PERFORMING SERVICES FOR KENTUCKY DENTISTS MUST BE REGISTERED WITH THE BOARD, BY THE DENTAL LABORATORY OWNER. ANSWER ALL QUESTIONS OR STATEMENTS. INCOMPLETE APPLICATIONS WILL BE RETURNED. PLEASE PRINT OR TYPE ALL ANSWERS.

1. Laboratory Name _____

Business Address _____
Street City State Zip

Business Telephone _____ Year Business Started _____
Area code Number

2. Laboratory is _____ Proprietorship _____ Subsidiary Corporation _____ Corporation
_____ Partnership _____ Dental Office _____ Limited Liability Partnership
_____ Other _____

3. If subsidiary corporation, give name of parent company and state in which incorporated.

Name of company State

4. List owners, officers, managers, supervisors and stockholders of laboratory. On line (1.) designate person with principal responsibility for this laboratory. Attach a separate sheet if necessary.

NAME

TITLE

(1.) _____

(2.) _____

(3.) _____

(4.) _____

5. Is this laboratory a: (check one or more)

_____ private laboratory
(gold, acrylic or porcelain)

_____ crown & bridge specialty

_____ general laboratory
(four or more types of work)

_____ full denture, repairs, relines, etc.

_____ non-precious removable
castings

_____ gold removable castings

_____ orthodontic

_____ other (specify) _____

LABORATORY TECHNICIAN INFORMATION

6. List all apprentice dental technicians under 2 yrs training or experience. Attach a separate sheet if necessary.

(1.) _____ (4.) _____
(2.) _____ (5.) _____
(3.) _____ (6.) _____

7. List all National Board Certified dental technicians. List owner if applicable. Enclose copy of current certification for supervising CDT. Attach a separate sheet if necessary.

(1.) Supervising CDT _____ Certification No. _____
(2.) _____ Certification No. _____
(3.) _____ Certification No. _____

8. List all other technicians. List owner if applicable. Attach a separate sheet if necessary.

(1.) _____ (4.) _____
(2.) _____ (5.) _____
(3.) _____ (6.) _____

9. If the lab is a "private" dental laboratory (located in a dental office and doing work for dentists/s in that office only) the supervising dentist/s must sign below:

I, _____ DDS or DMD and

I, _____ DDS or DMD,

(If applicable)

certify that the dental laboratory technicians work only under my complete supervision and control (if more than two supervising dentists, attach separate sheet). If at any time the supervising dentist changes, an amendment must be filed.

Signed _____ Date _____ License No. _____

Signed _____ Date _____ License No. _____

I submit herewith a 2" X 2" bust photograph of owner taken within the past six months. Please place photograph in the box provided. No hats please.

(signature of owner)



The following questions must be answered.

- | | | |
|--|-----|----|
| 1. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA) ? | Yes | No |
| 2. If yes to #1, are you in default of the repayment obligation? (per HB 296) | Yes | No |

STATE OF _____

COUNTY OF _____

On this _____ day of _____ 20____ stating that he/she has answered the questions contained in this application truthfully and completely to the best of his/her knowledge, and that he/she has not ever been convicted of a felony, nor has he/she ever been convicted of the illegal practice of dentistry in this or any other state, and that this statement and the previously given information is for the purpose of obtaining a Kentucky Dental Laboratory Registration Certificate to enable the laboratory to do business in this State. He/she further states that he/she is aware of the penalties for giving false information.

Signature of applicant _____

Sworn to and subscribed before me, this _____ day of _____ 20____

Signature of Notary _____

My commission expires _____

NOTE: Make all checks or money orders in the amount of \$50 payable to the Kentucky Board of Dentistry and submit application and fee to:

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